

HISTORY FACILITY PROFILE

ORCHARD PARK CARE CENTER
740 NORTH 300 EAST
OREM UT 84057
STATE'S REGION CODE: 001

PROVIDER #: 465090
PHONE NUMBER: (801) 224-0921
PARTICIPATION DATE: 02/01/1982 CERTIFIED: 89

FACILITY BEDS
TOTAL: 89
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 06/19/2002

TOTAL: 75
MEDICARE: 19
MEDICAID: 39
OTHER: 17

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 89

18 18/19 19 ICF/MR
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89

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY 11/1998	S/S CODE	PRIOR 2 SURVEY 02/2000	S/S CODE	PRIOR 1 SURVEY 04/2001	S/S CODE	CURRENT SURVEY 06/19/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS	
		X	D			X P	B	07/15/2002	REQ	F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
				X	D				REQ	F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X P	B	07/15/2002	REQ	F0241-DIGNITY
		X	E						REQ	F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
		X	D						REQ	F0246-ACCOMMODATION OF NEEDS & PREFERENCES
X	B	X	E	X	D				REQ	F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	D						REQ	F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
X	E								REQ	F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	E								REQ	F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	G								REQ	F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
				X	D				REQ	F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES
		X	E	X	E				REQ	F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	D						REQ	F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
X	D								REQ	F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
X	E								REQ	F0353-SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS
X	E	X	B						REQ	F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
X	E	X	F						REQ	F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	B								REQ	F0386-PHYSICIAN RESPONSIBILITIES DURING VISITS
				X	D				REQ	F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	E								REQ	F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP
X	F								REQ	F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
		X	E						REQ	F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
		X	E						REQ	F0463-RESIDENT CALL SYSTEM
				X	D				REQ	F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
				X	E				REQ	F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT
SURVEY SURVEY SURVEY SURVEY
07/1998 02/2000 03/2001 06/26/2002

PLAN/DATE
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

X	X		X C	08/15/2002	K0012-CONSTRUCTION TYPE
	X		X C	08/15/2002	K0018-CORRIDOR DOORS
X			X C	06/26/2002	K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
			X C	06/27/2002	K0025-SMOKE PARTITION CONSTRUCTION
			X C	07/03/2002	K0038-EXIT ACCESS
			X C	07/01/2002	K0046-EMERGENCY LIGHTING
			X C	08/15/2002	K0054-SMOKE DETECTOR MAINTENANCE
	X		X C	08/15/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0069-COOKING EQUIPMENT
		X			K0070-SPACE HEATERS
	X	X			K0072-FURNISHING AND DECORATIONS
X	X	X	X C	06/26/2002	K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	2	7	11	11
HEALTH TOTAL	2	7	11	11
LIFE SAFETY CODE	9	3	5	3
LIFE SAFETY CODE + HEALTH	11	10	16	14

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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10/07/1999	SUBSTANTIATED
11/03/1999	UNSUBSTANTIATED
01/07/2000	UNSUBSTANTIATED
04/17/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT